



CASCADE SUMMIT
Animal Hospital

Consent Form for Sedation

Pet Name: _____

Client Name:
Phone Number:
Email Address:

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following procedure(s):

- 1)
- 2)
- 3)

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold Cascade Summit Animal Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

What phone number(s) can you be reached at today: _____

Are there any times you will be unavailable? _____

Can you be reached by text if we can't reach you by phone? Yes No

Number to text: _____

Signature: _____

Your Initials Here Will Serve As Your Digital Signature:

Date: _____